

December 22, 2009

Los Angeles County Board of Supervisors

Each Supervisor

Gloria Molina First District

FROM:

TO:

John F. Schunhoff, Ph.D. O

Mark Ridley-Thomas Second District Interim Director

Zev Yaroslavsky Third District SUBJECT:

STATUS REPORT ON KEY INDICATORS OF PROGRESS,

District HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED

TO THE TRANSITION TO THE NEW LAC+USC MEDICAL

District CENTER – PROGRESS REPORT #26 (Agenda Item #S-1,

December 22, 2009)

Don Knabe

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This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of November 2009.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of November was 567 out of 671 licensed beds, an estimated 82% utilization rate (84% occupancy). The census for Medical/Surgical units was an estimated 93% utilization rate (95% occupancy) for November 2009.

Emergency Department (ED) Indicators

All ED metrics have improved as compared to the prior 6-8 months, including:

www.dhs.lacounty.gov

Reduced Median Boarding Time -- over 2 hour reduction

ED Wait Time -- nearly 3 hour reduction

Left Without Being Seen -- 8% reduction (more than 900 fewer patients Leaving/month)

To improve health

www.dhs.lacounty.gov

ALS Diversion -- over 20 hour/month reduction

through leadership,

service and education.

<u>Crowding Level Comparison</u> -- This reporting period shows a significant reduction in time when the hospital is at high levels of overcrowding. Reductions in high overcrowding are most likely attributed to a slightly lower ED volume and lower ADC during this month as well as an increase in transfers out of the ED facilitated by a private hospital contract for the transfer of indigent and Medi-Cal patients whenever more than thirteen patients are waiting for admission beds. Furthermore, continued work on various patient flow initiatives is resulting in reduced crowding levels.

<u>Transfers Out of Hospital</u> -- The number of transfers out was 168 for the month of November which is a 40% increase compared to transfers out six months ago. This is reflective of both increased transfers to Rancho Los Amigos and to surrounding private sector hospitals.

Additional Information Requested

On November 25, 2009, your Board instructed the Interim Director of Health Services to report back on what was accomplished as a result of the zero-based budgeting activities identified in the November 10, 2009 report. In addition, Supervisor Antonovich has requested a report back on the following: 1) any detail on the consultant's recommendations and DHS modifications of these recommendations; and 2) if any work has been done to complete the line-by-line item review, and if so, provide a detailed report to the Board, including any action or changes that have been made a result of this project.

The Affiliated Computer Services (ACS) deliverable was a staffing model with varying percentiles of comparison to other hospitals nationally. The recommended achievement percentile was intended to be different in each service or functional area to which it is applied.

With a year's experience and stabilization of services in the new facility, LAC+USC is now in the process of updating the workload and staffing data for each functional area such as laboratory, radiology and materials management, based on actual workload in the new facility and workload benchmarks for each discipline. The staffing data will reflect Full-Time Equivalents (FTE) computed using both County (including overtime) and contract/registry staff. The results will be adjusted for outliers previously identified during the consultant's review.

The current staffing information will then be compared to the benchmark workload data for each discipline in the corresponding functional areas. The results will be discussed with the responsible manager for each applicable area and a determination will be made whether any adjustments are needed. Once the workload and staffing data is finalized, it will be included in the staffing model to compute the relative percentile rank of the functional area. Areas determined to be above the median staffing model percentile rank will be targeted for reductions in overtime and use of registries, and excess staff will be mitigated, where possible, to other areas or facilities. Any request to add FTE's for a functional area above the 50th percentile will be critically reviewed. Laboratory has been selected as the first functional area to be reviewed. It is projected to be completed in 90 days. Then work will begin on the next functional area.

We will provide you with periodic reports on the LAC+USC progress on these staffing evaluations. In the meantime if you have any questions or need additional information please contact Carol Meyer, Chief Network Officer at (213) 240-8370 or me.

JFS:CM:pm 811:003

Attachments

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

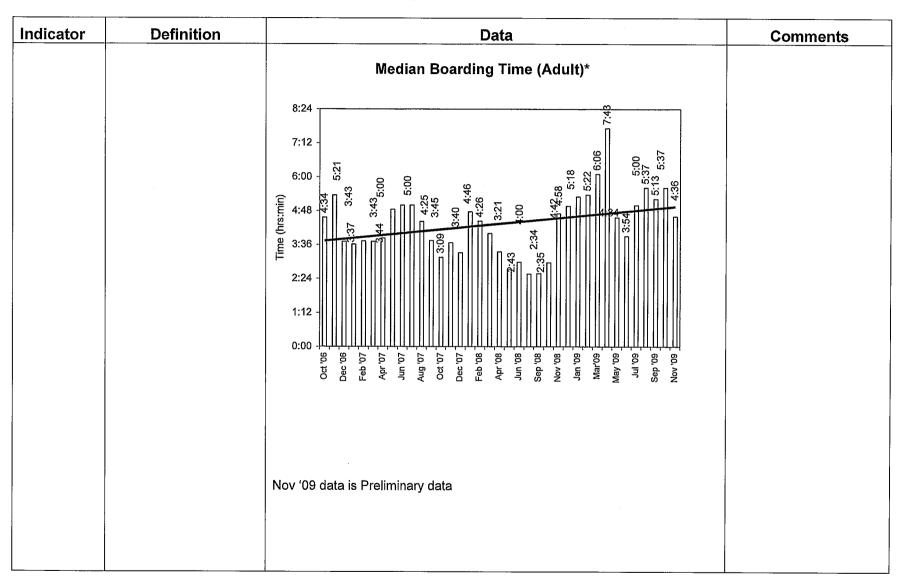
Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dai	y Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	ADC 700 700 700 700 700 700 700 7	ADC provided as background information.

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dail	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. Source of Data: Affinity Target: 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600 Med Center Census - Newborns / 600 Med Center Census - Newborns / 600 80%	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.

Indicator	Definition	Definition Data					
Indicator	Definition	3. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671 Med Center Census + Newborns + Psych Hosp Census / 671 90% - 3.7% 77% 82% 83% 85% 85% 85% 85% 85% 85% 86% 84.5% 70% - 3.7% 77% 92% 83% 85% 85% 85% 85% 85% 85% 86% 84.5% Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov '08 '08 '09 '09 '09 '09 '09 '09 '09 '09 '09 '09	Comments				

LAC+USC Medical Center Operational Monitoring Report Reporting Period – Nov 2009

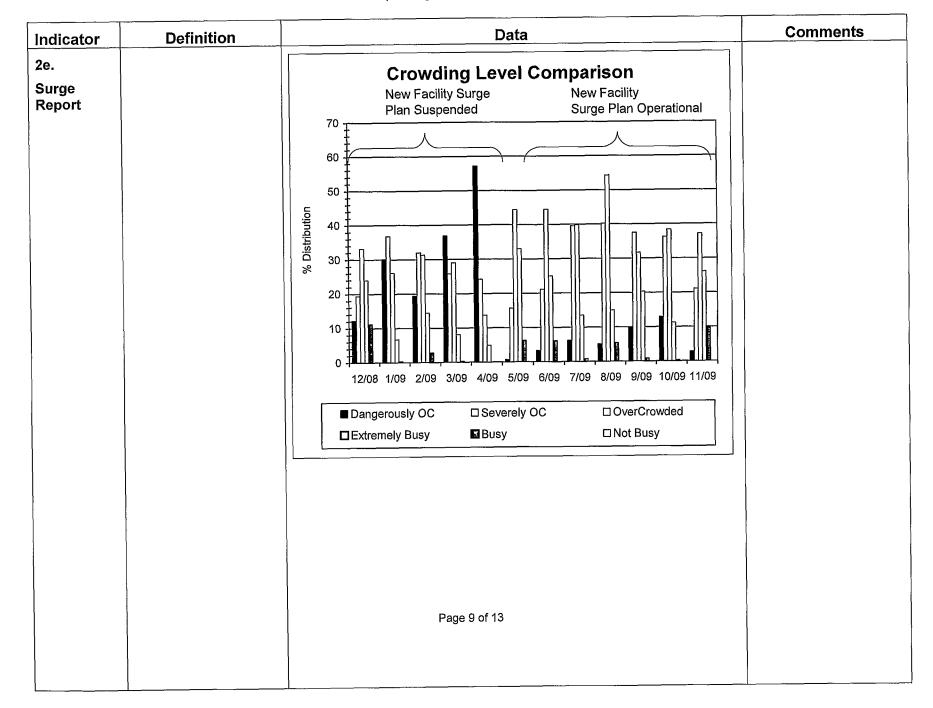
Indicator	Definition	Data	Comments
Indicator #2	Emergency Department	t Metrics	
2a. Median Emergency Department Boarding Time	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned	Wedian EDB1	□ Nov '08 □ Dec '08 □ Jan '09
*Harris Rodde Indicator	bed (effective date and time of the ED disposition). Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values. Source of Data: Affinity	1:12	□ Feb '09 □ Mar '09 □ Apr '09 □ May '09 □ Jun '09 ■ Jul '09 □ Aug '09 □ Sep '09 □ Oct '09 □ Nov '09
	Target: Less than 7 hours.	Nov '09 data is Preliminary data	



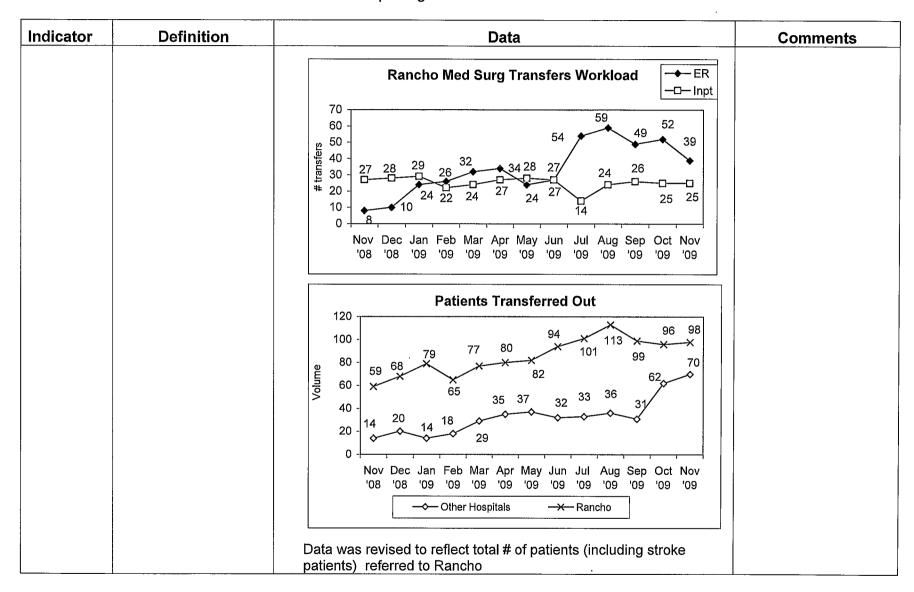
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity Target: No target value. Lower numbers are better.	ED Wait Time 14:24	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Department	Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 2000 - Left Without Being Seen 20% 18% 16% 16% 14%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data: Affinity Target: No target value. Lower numbers are better.	9 1500 - 12% 1000 - 12	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation 70 60 49 45 42 34 36 37 38 38 36 37 28 28 25 27 21 21 30 30 30 30 30 30 30 30 30 3	This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: Diversion is for paramedic runs only; Basic Life Support ambulances still arrive. When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".



Indicator	Definition		Comments			
Indicator #3	- Trends for Patient Dive	ersions and Transfers & #4	– Transfers	to Rancho Los	Amigos Metrics	
3. & 4. Rancho Los Amigos	Transfers: The volume of patients transferred to RLAH for	Month of Nov Referrals from ER:				
	acute hospitalization from the Emergency		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	Department and from	# Met transfer criteria	50	NA	-	
Transfers	Inpatient Units.	# Referred to RLAH	50	23	73	
	Data Saurasi	# Transfers	39	23	62	•
	Data Source: Manual record keeping.	# Denied	2	NA	-	
		# Cancelled	9*	NA	-	
	Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.	# Patients refused*	0	NA		
		Referrals from Inpatients	<u>:</u> Med/Surg	Acute Stroke	Total	
		# Met transfer criteria	45	NA	_	
		# Referred to RLAH	42	11	53	
		# Transfers	25	11	36	
		# Denied	11	NA	_	
		# Cancelled	9*	NA		
		# Patients refused*	0	NA		
		Other /Pending	0	NA	-	



Indicator	Definition	Data	Comments
Indicator #5	– Harris Rodde Indicator	S	
Average Length of Stay	LOS: The difference between discharge date and the admission date or 1 if the 2 dates are the same.	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation ALOS	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior
*Harris Rodde Indicator	Total LOS: Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of discharges in the monthly reporting period, rounded off to one decimal place.	6.5 6.4 6.2 6.2 6.4 5.6 5.6 5.6 5.6 5.5 5.5 5.5 5.5 5.5 5.6 5.5 5.2 5.2 5.1 5.3 4.7	to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.
	Source of Data: Affinity	Oct '06 Dec '07 Aug '07 Aug '07 Aug '08 Aug '08 Aug '08 Aug '08 Nov '08 Nov '08 Nov '09	
	Target: <5.5 days	—◆— Target ALOS —□— Actual ALOS	

Indicator	Definition			Data			Comments
Indicator #6 – P	ediatric Metrics						
6.	Census:						
Pediatric Bed Census and Occupancy	nd admitted pediatric	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)	
(%)	midnight of a	Nov-08	56%	54%	50%	33%	
` ,	designated pediatric ward.	Dec-08	52%	60%	60%	40%	
Pediatric ICU	Occupancy:	Jan-09	52%	68%	70%	75%	
(PICU)	The total number of	Feb-09	50%	80%	80%	85%	
Neonatal ICU (NICU)	admitted pediatric inpatients divided by	Mar-09	57%	72%	70%	80%	
Pediatric Unit	the total number of	Apr-09	57%	60%	60%	75%	
Adolescent	licensed beds on that unit and reported as	May-09	62%	72%	70%	80%	
Unit	percentage.	Jun-09	60%	64%	60%	75%	
		Jul-09	57%	72%	60%	80%	
	Source of Data:	Aug-09	55%	64%	60%	80%	
	Affinity	Sep-09	55%	68%	70%	80%	
		Oct-09	45%	60%	60%	80%	
		Nov-09	35%	64%	70%	70%	